

FOCUS

Route to:

The Quarterly Newsletter for Physician Office Staff

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Managed Care Debuts at Lehigh Valley Hospital

(In the following interview, Gregory G. Kile discusses the formation of the Lehigh Valley Physician Hospital Organization, Inc. (LVPHO). Mr. Kile serves as Executive Director of the LVPHO which administers Valley Preferred, a managed care network for employers seeking a high-quality, cost-effective healthcare plan for their employees.)

Q. How is Lehigh Valley Hospital involved in delivering managed care to our service area?

A. The hospital has always been dedicated to providing a broad spectrum of healthcare, including preventive, diagnostic, acute care and rehabilitative services, to our community. Over the last two years we studied how to develop and implement a managed care plan. LVPHO, a not-for-profit organization, was created to better serve the needs of area healthcare purchasers in this new healthcare environment.

Q. What role will physicians have in the Lehigh Valley Physician Hospital Organization?

A. Over 450 physicians on the medical staff of Lehigh Valley Hospital interested in participating in the delivery of managed care, having met established criteria, formed an organization called the Greater Lehigh

Valley Independent Practice Association (GLVIPA). Chaired by John Jaffe, M.D., GLVIPA is an equal partner with the hospital in the operation of LVPHO.

As a provider-driven healthcare network, our physician members play a significant role in establishing appropriate clinical pathways and protocols that are both medically appropriate as well as cost effective.

Through LVPHO, the hospital and GLVIPA form an extensive provider network able to provide a seamless continuum of care to employers seeking a healthcare program that will reduce costs without sacrificing quality of care.

Q. What was the initial objective of the LVPHO?

A. We sought to develop, market and administer a Preferred Provider Organization (PPO) managed care network that we could offer to employers in our service area. It is a managed care program that focuses on care management as the essential component to achieving optimum health status.

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Q. What will this PPO managed care network be called?

A. Valley Preferred

Q. What are the main features of Valley Preferred?

A. Valley Preferred provides employees with high quality healthcare at costs their employers can afford. We will work with companies to design individualized health benefit plans to meet their cost and coverage needs. Employees will be free to select from the physicians participating in Valley Preferred.

A variety of health promotion programs are offered including annual physicals, fitness, women's care programs, nutritional counseling, smoking cessation, weight control, prenatal and postnatal maternity care and well baby visits, including immunizations. Valley Preferred provides employers with comprehensive reports about employee participation in these programs.

I'd like to emphasize again that a critical component of the network is care management. It has been proven to be the single most important element in controlling the rate of increase in healthcare costs for employers.

Through this program, which includes case management coordination, quality assurance and utilization review, we will ensure that patients receive maximum benefit and value from the healthcare dollars expended on their behalf while maintaining the quality of care received.

Q. If other organizations are developing similar healthcare plans, what makes this program unique?

A. First of all, we're providing the Valley's first provider-sponsored PPO. It represents a proactive step on the part of Lehigh Valley Hospital and GLVIPA. Our participation in this process will help better prepare us for whatever results from healthcare reform efforts.

Also, our Care Management Program will surpass programs offered by competing plans in terms of quality of care and overall value. Our strength is in our strong commitment to care management.

Finally, patients will benefit from the changes brought about by the establishment of Valley Preferred. Through this process, we have integrated and strengthened our diverse system of healthcare delivery and expanded our ability to meet the region's needs.

Q. Who will your customers be?

A. At present we can market to employers who are self-insured; that is, employers who pay directly for actual incurred healthcare services for covered employees as opposed to paying premiums to an insurance company. Within six months, we are going to offer an insured product to those employers who are not self-insured. Typically, this group comprises businesses with three or more employees.

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Q. Have any employers already contracted with Valley Preferred?

A. I'm extremely excited about the initial response to Valley Preferred. Given that we had a target date of July 1, 1994 to begin to aggressively market Valley Preferred network, I'm delighted to say we already have contracts with several businesses in the Lehigh Valley.

Q. How will delivering managed care affect my job?

A. In developing LVPHO and its network, Valley Preferred, we, the providers, are becoming a part of a more integrated system of care. We are discovering new ways to work together as one efficient unit capable of improving and maintaining the health status of the community we serve.

Glossary of Terms

Managed Care - Use of a planned and coordinated approach to providing healthcare with the goal of quality care at a lower cost. Usually emphasizes preventive care.

Network - Selected hospital(s), physicians and other medical providers who have agreed to participate in an organized system. In joining the network, healthcare providers must meet standards for quality and efficiency and must demonstrate a commitment to providing appropriate care at a reasonable cost.

Physician Hospital Organization - A collaborative arrangement between a hospital and representatives of its

medical staff to offer a managed health benefit program to a range of constituents.

Preferred Provider Organization - A group of physicians and/or hospitals who contract with an employer to provide services to their employees. In a PPO, the patient may go to the physician of his/her choice. If that physician does not participate in the PPO, the patient will incur a higher cost sharing for the service.

Just a reminder... The Lehigh Valley Physician Hospital Organization (PHO) is now located at 2166 S. 12th Street, Allentown. You can reach Greg Kile's office by calling 402-7485. The fax number is 402-7439.

The next meeting of the Lehigh Valley Chapter of PAHCOM will be held on Tuesday, August 16, beginning at 6 p.m., at the Spice of Life Restaurant, 1259 S. Cedar Crest Boulevard, Allentown. The topic of discussion will be **Networking Personnel Issues**.

Tentative topics for upcoming PAHCOM meetings include September 20 - Self Defense, and October 18 - Be Dollar Smart.

PHAMIS LastWord Update

Patient Confidentiality

Patient confidentiality is of the utmost importance at Lehigh Valley Hospital and should not be taken lightly. Prior to PHAMIS LastWord "go live" last spring, patient record security was highly stressed.

If and when your office received access to PHAMIS, each user was required to sign an **Acknowledgment of Confidentiality** statement. In so doing, the user agreed that access to this information, in verbal, written, or electronic form, is a privilege based on business or clinical need to know standards. It must be part of the user's job to look at patient information. Unauthorized viewing and/or disclosure of patient information is prohibited at any time and is subject to disciplinary action.

According to **Administrative Policy 1200.07 - Confidentiality**, "Medical staff members who violate this policy may be disciplined in accordance with the Medical Staff Bylaws, Article II, Section B, 2.(b) and Article VIII, Section A.1. Non-Hospital patient care providers who violate this policy will lose access authorization to Lehigh Valley Health Network information systems. In addition, Lehigh Valley Health Network could seek legal remedies against an employee, medical staff or non-Hospital patient care provider and support personnel which could include suspension, termination, fines, or criminal penalties."

Access to PHAMIS LastWord information is monitored on a daily

basis. A tracking system registers the user I.D. number, the date and time and all LastWord activity attributed to that user I.D. number. Everyone has his/her own individual user I.D. number. It is imperative for each user to use his or her own I.D. number and password. In addition, it is also critical that user I.D. numbers are **NOT** shared with anyone. Users should never leave their computers without first logging out of the system. Walking away from a computer without logging out will provide someone else access to patient information. This access will be attributed to the user who left without logging out and will be held responsible for whatever activity occurred.

If a user is unsure about whether they can access a certain patient's information, he/she should check with the physician(s) in the practice to confirm that the patient is under the physician's care. Users are encouraged to document what they do in order to justify their usage.

Patient confidentiality is a most serious matter, and your attention to this issue is both requested and appreciated.

LastWord Training Schedule

In May 1993, Lehigh Valley Hospital implemented the PHAMIS LastWord Patient Care System. The hospital is offering physician offices the

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opportunity to connect to the electronic information network to access clinical and financial patient information, as well as on-line transcription reports.

Educational Train-the-Trainer sessions for PHAMIS LastWord Super Users are offered monthly. The Super User is the individual designated from the physician office to receive extended LastWord training. The Super User will have the responsibility to train the other office staff and will be the PHAMIS resource/liaison for the physician office. These educational sessions are held at Lehigh Valley Hospital, 17th & Chew, in the School of Nursing first floor training room. The following dates and times have been scheduled for training:

Thursday, August 4 - 8 a.m. to noon
Thursday, August 25 - noon to 4 p.m.
Wednesday, September 14 - 8 a.m. to noon
Tuesday, September 27 - noon to 4 p.m.
Tuesday, October 11 - 8 a.m. to noon
Wednesday, October 19 - noon to 4 p.m.
Thursday, November 10 - noon to 4 p.m.
Wednesday, November 16 - 8 a.m. to noon
Thursday, December 8 - 8 a.m. to noon
Tuesday, December 13 - noon to 4 p.m.

Security access to the network system and LastWord is required prior to training. All necessary security forms and guidelines for completing these forms are available from Information Services and can be obtained by contacting Diann Brey at 402-1404.

Security forms are to be completed, signed and returned, **at least two weeks prior** to the desired training session, to: Ina Ashford, Information Services, 2024 Lehigh Street, Allentown, PA 18103.

You will be contacted to confirm that security access has been set up for you. When security access has been confirmed, **register at least four days in advance** of the training session by calling Diann Brey at 402-1404.

Please Note: If you received computer connection information (i.e., list of vendors, connection procedures/checklist, guidelines and forms for security access, etc.) prior to April, 1994, please contact Ina Ashford in Information Services at 402-1425 for updated information.

E-Mail Training

Information Services is offering hands-on electronic mail (E-Mail) training sessions to those physician offices that have a computer connection to the Lehigh Valley Hospital network.

For more information regarding the registration process and the class schedule, contact Ina Ashford in Information Services at 402-1425.

Individualized practice tours of Lehigh Valley Hospital are available through Physician Relations.

If you are interested in scheduling a tour, contact Janet M. Laudenslager in Physician Relations at 402-9853.

Cleaning/Disinfecting/Sterilizing in the Office Setting

by Bernadette Kratzer, R.N., Infection Control Nurse Specialist

Since your office is the last place from which you would want a patient to acquire an infection, it is very important to identify whether cleaning, disinfection or sterilization is indicated based upon a particular item's intended use. Keep in mind that all patient care items need not be sterile. To give you a better idea of which method is best for your office, following is an explanation of each procedure.

Cleaning is the removal of all foreign matter from objects. It is important to remember that neither disinfection nor sterilization can be achieved unless an item is primed (cleaned).

Disinfection eliminates many or all pathogenic microorganisms on inanimate objects, with the exception of bacterial spores. The level of disinfection to be achieved depends upon how invasive or critical the item's use is targeted. **High level disinfection** is required for semi-critical items (those objects which come in contact with mucous membranes or non-intact skin). This level of disinfection can be expected to destroy all microorganisms with the exception of high numbers of bacterial spores. A cystoscope might well serve as an example of equipment used in an office setting requiring this level of disinfection. **Intermediate level disinfection** inactivates M.TB, vegetative bacteria, most viruses and fungi, but does not necessarily kill bacterial spores. An example of an item requiring this level of disinfection would be the thermometer. **Low level disinfection** can kill most bacteria,

some viruses and some fungi, but cannot be relied upon to kill microorganisms such as M.TB or bacterial spores. The target group of items for which this level of disinfection is intended are the non-critical items -- those that come in contact with intact skin but not mucous membranes. Examples of this type of item would be a blood pressure cuff or crutches.

Sterilization is the complete elimination or destruction of all forms of microbial life. Achieving sterility requires either the use of physical or chemical processes. Steam under pressure (an autoclave) or ethylene oxide gas are two of the methods used to sterilize an item. Critical (those entering sterile tissue or the vascular system) patient items are those for which sterilization is employed. Surgical instruments and needles are examples of critical patient care items.

Having an understanding of "criticality" assigned to an item, in turn, gives direction as to its "need" status -- does it "need" to be cleaned, disinfected or sterilized?

"Don't find fault. Find a remedy."

- Henry Ford

Key on Education and Training in TB Infection Control Program

The federal Occupational Safety and Health Administration (OSHA) now requires professional practices and all other businesses that work with people who are at risk for tuberculosis (TB) to develop and implement a comprehensive TB infection control program in their workplaces. Last October, the Department of Health and Human Services, through its Centers for Disease Control (CDC), issued draft guidelines to give health care providers and other entities where potential exposure to TB exists a framework they can use to establish a TB infection control program. Since that time it has become clear that OSHA inspectors will use these guidelines as the main tool to determine an organization's compliance with the TB infection control program requirement during their general inspections.

The CDC's guidelines call on health care facilities and other at-risk businesses to develop and adhere to an effective TB infection control program that focuses on early detection, isolation and treatment of persons with active infectious TB. Businesses can achieve these three goals by applying certain administrative and engineering control measures, the CDC suggests. (See the January 1994 issue of *Professional Practice Today* for a complete listing of these measures.)

Administrative Measures

Among the administrative measures that health care facilities and other at-risk businesses must institute -- and the

one that professional practices should key on -- is the two-pronged requirement to educate health care workers about the basic concepts of TB and how it is transmitted and to teach them effective ways of detecting TB early and preventing its transmission if TB presents itself in your practice.

According to the CDC's guidelines, all health care workers (HCWs) should receive education about TB that is appropriate to their job category. TB education and training should be conducted by a qualified professional, such as a hospital epidemiologist, a pulmonary disease specialist, an infection control practitioner, an occupational health professional or a local public health official. Training should be conducted before the initial assignment to a position and periodically (at least annually) after that.

Educational Program Elements

Although the level and detail of this education may vary according to a HCW's job description, the CDC recommends that the following elements should be included in the TB education of all HCWs:

- The basic concepts of TB transmission, pathogenesis (origin and development of the disease) and diagnosis, including the difference between latent TB infection and active TB disease, the signs and symptoms of TB and the possibility of reinfection in persons with a positive TB skin test.

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- The potential for occupational exposure to persons with infectious TB in the health care facility, including the prevalence of TB in the community and facility, the ability of the facility to appropriately isolate patients with active TB, and situations with increased risk of exposure to TB.
- The principles and practices of infection control that reduce the risk of transmission of TB, including the hierarchy of TB infection control measures and the written policies and procedures of the facility. Site-specific control measures should be provided to personnel in areas needing measures in addition to the basic control program.
- The purpose of TB skin testing, the significance of a positive result and the importance of participation in the skin test program.
- The principles of preventive therapy for latent TB infection. Indications, use and effectiveness, including the potential adverse effects of drugs used to treat TB.
- The responsibility of HCWs to seek medical evaluation promptly if symptoms develop that may be due to TB or if TB skin test conversion occurs in order to receive appropriate evaluation and therapy and to prevent transmission of TB to patients and other HCWs.
- The principles of drug therapy for active TB.
- The importance of notifying the facility if diagnosed with active TB so appropriate contact investigation can be instituted.
- The responsibilities of the facility to maintain the confidentiality of HCWs while assuring the HCWs with TB receive appropriate therapy and is non-infectious before returning to duty.
- The higher risk posed by TB to individuals with HIV infection or other causes of severely impaired cell-mediated immunity. Education should cover the more frequent and rapid development of clinical TB after infection with *M. tuberculosis*, the principal cause of TB in humans; the differences in the clinical presentation of disease; and the high mortality rate associated with drug-resistant TB disease in such individuals.
- The potential development of cutaneous energy as immune function declines.
- An explanation of the facility's policy on voluntary work reassignment options for immunocompromised HCWs.

Document Education

OSHA inspections for occupational exposure to TB will be conducted only in response to employee complaints or as part of a general industrial hygiene compliance inspection. And as with OSHA's bloodborne pathogens standard, OSHA will focus much of its attention on complete and adequate recordkeeping and documentation of your education and training of health care workers. OSHA has indicated

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that it will look for documentation that you have attempted to identify sources of exposure, which include high-hazard procedures, repeated, prolonged contact with high-risk groups and any direct contact with infectious individuals within your facility. Occupational injury and illness records will be carefully scrutinized, and employees selected from all appropriate areas of your practice will be interviewed to verify the accuracy of your records and the effectiveness of your TB infection control program.

If you don't have a formal TB infection control program, OSHA inspectors will

use employee interviews combined with an inspection of the appropriate areas of your practice to determine the effectiveness of your efforts to protect employees from exposure to potential TB disease sources.

Detailed information on the CDC's guidelines for preventing the transmission of TB in health care facilities appears in the October 12, 1993 issue of the *Federal Register*.

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Applicant Referral Service

Are you looking for summer help? Do you have a vacant position to fill in your office? If so, you may want to take advantage of a free and confidential service offered by Physician Relations. The Applicant Referral Service provides physician offices with information regarding individuals who have experience working in a physician office, healthcare facility or have received education in the medical field. This service is exclusive to members of Lehigh Valley Hospital Medical Staff.

How Does the Applicant Referral Service work?

An Applicant Referral Form, designed for physician office use, is available to independent job applicants at a number of locations including the Human

Resource Department of Lehigh Valley Hospital and placement offices at local colleges/universities which provide medical office education. The completed Applicant Referral Forms are kept on file in Physician Relations according to job classification and full-time/part-time availability.

Job classifications on file currently include billing clerks/managers, typing/filing clerks, medical receptionists, medical secretaries, transcriptionists, office managers, medical assistants, registered and licensed practical nurses, EKG technicians, phlebotomists, physician assistants, and more.

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More Experienced Applicants

Have you used the Applicant Referral Service before? If so, you will be glad to know that the number of applicants WITH physician office experience has increased significantly over the past year. Currently, we have applications representing a wide variety of medical office positions including office manager, medical secretary/receptionist, transcriptionist, phlebotomy, LPN/RN, typing/filing clerk, billing clerk, and medical assistants. There are even part-time and summer applicants with physician office experience.

Confidentiality

The names, addresses and phone numbers of Medical Staff members in search of job applicants are kept strictly confidential. For this reason, inquiries from applicants are not accommodated. If a physician or dentist is interested in pursuing an application, they will be responsible for contacting the individual directly and for all employment issues.

For more information regarding the Applicant Referral Service, or to set up an appointment, please call your Physician Relations Representative or Maria Kammetler at 402-9857.

Temporary Employment Service Exclusive Discount Program

With employees on summer vacation, you may want to take advantage of the exclusive discount offered to Medical Staff members by MANPOWER Temporary Employment Service and Olsten Health Care Services. The two services were chosen from among 11 temporary employment services that were investigated by Physician Relations for service, quality and price.

In addition to receiving special discounted prices from MANPOWER and Olsten Health Care Services, you are also eligible for a free office visit from one of their representatives called an "office profile." If you would like, the representative will briefly tour your office, meet the staff and talk with you regarding what your requirements would be for a temporary employee.

The representative will take note of the style of your office, special equipment and computers you may have, and other information that will ensure the right employee match for your office. The office profile may be done at any time, regardless of whether you are currently in need of a temporary employee. In addition, if you choose to meet with a representative, you are under no obligation to utilize their services in the future.

For front office positions, please call MANPOWER at 395-8900. For back office positions, please contact Olsten Health Care Services at 435-5131. Please mention that you are a Lehigh Valley Hospital Medical Staff member and you are participating in the Physician Relations discount program.

Legislative Alert!

Earlier this year, Representative T.J. Rooney introduced **HB 2154** which requires health care providers to cap medical record copy charges at \$.25 per page. The bill passed the House and is now in the Senate.

This requires you to charge an amount below your cost of producing copies!

After meeting with our lobbyist on June 8, Rep. Rooney confirmed he is not willing to increase the \$.25 per page charge.

Do not let the Government require you to charge below cost for the valuable service you provide!

Residents and employees of Montgomery, Bucks, and neighboring counties are encouraged to call or write Senator Stewart Greenleaf, Chairman of the Senate Judiciary Committee. Phone: (215) 657-7700. Address: Senate Post Office Box 12, 15 East Wing, Harrisburg, PA 17120.

- State your opposition to HB 2154 and the \$.25 per page charge.
- Explain the labor intensive process of responding to requests for health information.
- Detail the hardship this below cost charge would have on your health care facility, Health Information Department, employment or business.
- Voice your support for a \$15 handling and retrieval fee, \$1 per page copy fee, actual postage, and annual adjustment for inflation.

Senator Greenleaf must hear from you to understand the devastating impact this legislation would have on health care providers. Call or write today!

For further information, call: Smart Corporation, Joan Larson, Director of Government Affairs, (800) 367-1500, Ext. 114.

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